PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

APPLICANT INFORMATION

Name of Student / Applicant in full: 

Date of Birth: 

Distinguishing Characteristics, if any: 

Sex:  

[ ] Male  [ ] Female 

Height: 

Weight: 

Color of Hair: 

Color of Eyes: 

School District: 

Building: 

NORTH OLMSTED SCHOOL DISTRICT  NORTH OLMSTED HIGH SCHOOL 

Parent or Guardian: 

Parent or Guardian Telephone Number: 

PHYSICIAN'S APPROVAL

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE THOROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO WAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE DESCRIPTION GIVEN HEREON, AND THAT SAID PERSON; 

[ ] IS  [ ] IS NOT IN THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF ANY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF THIS AGE AND SEX. 

[ ] YES  [ ] NO 

Limited Certificate: 

If Marked YES; Employment should be Limited to Work Specified Below: 

Physician's Signature: 

Date Signed: 

LAWS COM 0000 (Replaces OHIO FORM V) 

INSTRUCTIONS FOR OBTAINING A WORK PERMIT

All areas are to be filled out and returned to North Olmsted High School by the student since his or her signature is necessary on the permit.

1. Application for Minor Work Permit - to be filled out by parents. Parents must sign.

2. Pledge of Employer - to be filled out by employer. Federal Tax ID# is MANDATORY!

3. Physician's Certificate - must be filled out by a doctor. (If you have a physical for sports within the year, the school will check with the athletic office for the date of your physical, which will save you a trip to the doctor.)

When you have completed all parts, bring the completed form and a copy of your Birth Certificate if you are not enrolled in North Olmsted High School or Middle School to North Olmsted High School, Student Services Office, 5755 Burns Road. Open Monday through Friday from 7:00 a.m. - 3:30 p.m. during the school year. (Summer/Holiday - please call for hours) Call 440-779-8820 with questions

***THIS IS THE APPLICATION ONLY - NOT THE WORK PERMIT***